



12<sup>th</sup> March, 2025

Deputy Gary Gannon, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 9646/25**

**To ask the Minister for Health the measures her Department is taking to ensure that delays in the provision of insulin pumps do not result in long-term health complications for children with type 1 diabetes due to poor glucose control**

Dear Deputy Gannon,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Lead for Paediatric Diabetes on your question and have been informed that the following outlines the position.

The International Society for Paediatric & Adolescent Diabetes (ISPAD) recommends that children are offered the most advanced insulin delivery technology that is available, affordable and appropriate. At present, this is represented by hybrid closed-loop insulin pump therapy.

Over the past decade, significant improvements have been made in the provision of insulin pump therapy to children in Ireland. The first National Paediatric Diabetes Audit, published in 2013, showed that insulin pump therapy was available in just 8 of 19 centres providing paediatric diabetes care. At present, the majority of paediatric diabetes services have their own pump service, with a minority being supported within a regional network. In 2012 (updated in 2015), the Paediatric Diabetes Working Group, through the governance of the HSE/RCPI National Clinical Programmes for Paediatrics and Diabetes at the time developed the a Model of Care for the provision of Continuous Subcutaneous Insulin Infusion (CSII) therapy in children aged under five years of age prioritising this group who have the highest risk of long-term complications.

The most recently available data collected by the Paediatric Diabetes Working Group in May 2024 showed that nationally 52% of children with type 1 diabetes were on insulin pump therapy, however in some services this was as high as 70-80%. It has been clearly established that children with the poorest glycaemic control demonstrate the greatest reductions in HbA1c and this has been more recently reflected in prioritisation of these children for pump therapy.

There are a multitude of factors which influence the onboarding of children on insulin pump therapy.

There are currently three hybrid closed-loop systems available to children in Ireland and for training, children have to be cohorted according to their chosen pump model. Scheduling in some centres is dependent on the availability of a company representative for support. Due to infrastructural challenges in many hospitals, children have traditionally had training in groups of 3 or less however several centres have adapted and now facilitate larger group starts offsite from their base hospital.

The final rate-limiting for insulin pump onboarding is multidisciplinary team staffing. Appropriate staffing ratios according to the number of patients attending a service are outlined in the National Model of Care. In most services, Advanced Nurse Practitioners and Clinical Nurse Specialists provide insulin pump training, supported by other multidisciplinary team members. At present, 60% of Paediatric Diabetes services have the recommended nurse staffing levels as per the Model of Care and as such roles are highly specialised, when staffing deficits arise due to planned leave (e.g. maternity leave), appropriately trained replacements may not be available. This impacts on all aspects of the service, including pump therapy.

Due to the commitment of Paediatric Diabetes Services throughout the country, the proportion of children receiving insulin pump therapy is increasing year on year and more and more children are commencing insulin pump therapy at an earlier stage in their diabetes journey to reduce their risk of long-term complications.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely

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**Anne Horgan**  
**General Manager**